

## SECTION II: ROSTER OF OFFICER(S) RENEWING CERTIFICATION

The listed officer(s) have completed or exceeded the minimum hours and required coursework for re-certification as a law enforcement officer, pursuant to South Carolina Code Section 23-23-60(C) 23-23-50(A) 37-010, as amended, as well as met the requirements for law enforcement vehicle training as required in Regulation 37-014, 015, 017, 018.

- **CLASS 1:** CDV & Legal each yr., plus In-Service Hrs. for a total 40 hours
- **CLASS 1 LECO:** CDV & Legal each yr., plus 120 hours of In-Service
- **CLASS 2:** In-Service - 120 hours
- **CLASS 3:** One Legal each year
- **IN-SERVICE HOURS =** Can use any Law Enforcement Related Training
- **Separate Certification Hours:** Classes taken at CJA that grant you a Certification (other than Basic Training)

CDV Year Viewed = (example: 2016, 2017, 2018) \*\*\*\*Legal Year Viewed = (example: 16/17, 17/18, 18/19)

OFFICER'S NAME	Academy I.D.#	CERT CLASS	CRIMINAL DOMESTIC VIOLENCE				MAKE UP	Year Viewed	LEGAL HOURS				MAKE UP	YEAR Viewed	IN-SERVICE & EVO Hrs.	Separate Certification Hours
			M/D/Y						M/D/Y							
			HRS.						HRS.							
			Yr.1		<input type="checkbox"/>		Yr.1		<input type="checkbox"/>							
			Yr.2		<input type="checkbox"/>		Yr.2		<input type="checkbox"/>							
			Yr.3		<input type="checkbox"/>		Yr.3		<input type="checkbox"/>							
			Yr.1		<input type="checkbox"/>		Yr.1		<input type="checkbox"/>							
			Yr.2		<input type="checkbox"/>		Yr.2		<input type="checkbox"/>							
			Yr.3		<input type="checkbox"/>		Yr.3		<input type="checkbox"/>							
			Yr.1		<input type="checkbox"/>		Yr.1		<input type="checkbox"/>							
			Yr.2		<input type="checkbox"/>		Yr.2		<input type="checkbox"/>							
			Yr.3		<input type="checkbox"/>		Yr.3		<input type="checkbox"/>							

## SECTION III: SCCJA INSTRUCTOR HOURS

The following S.C. Criminal Justice Academy accredited instructor(s) have completed or exceeded the minimum of twelve (12) hours of instructional activities required annually.

OFFICER'S ' NAME	Academy I.D. #	CHECK REPORTING YEARS	ENTER NO. OF INSTRUCTOR TEACHING HRS.						
			001	002	003	004	005	006	007
		<input type="checkbox"/> 1-3							
		<input type="checkbox"/> 1-3							

### INSTRUCTOR CODES

CODE 001 – BASIC INST.

CODE 002 - DEFENSIVE TACTICS INST.

CODE 003 – DRIVING INST.

CODE 004 - FIREARMS

CODE 005 – OC INST.

CODE 006 – SPEED MEASURING DEVICE INST.

CODE 007 – GROUND DEFENSE INST.



# **SOUTH CAROLINA CRIMINAL JUSTICE ACADEMY**

**5400 Broad River Road  
Columbia, South Carolina 29212-3540**



## **MRN Mandatory Retraining Notification**

### **SECTION I: ATTESTATION**

<b>AGENCY:</b>				
<b>REPORTING FOR:</b>	YEAR 1 <input type="checkbox"/>	YEAR 2 <input type="checkbox"/>	YEAR 3 <input type="checkbox"/>	YEARS 1-3 <input type="checkbox"/>
<b>Certification Renewal Date:</b> <a href="#">Click here to enter a date.</a>				

**By my signature hereto, I certify and make an official statement, that pursuant to South Carolina Code Section 23-23-60(C), as amended, the officer(s) identified on SECTION II of the Mandatory Retraining Notification Form, have completed the claimed number of hours and required coursework as reported herein and evidence of such completion is maintained in the official records of the employing agency and is subject to verification by the South Carolina Criminal Justice Academy or its designated representative.**

**I further certify and hereby make an official statement, that the officer(s) identified on SECTION III of the SCCJA Instructor Accreditation Maintenance Report Form, are in compliance with the Instructor Re-Accreditation Policy of the South Carolina Criminal Justice Academy, and evidence of such completion is maintained in the official records of the employing agency and is subject to verification by the South Carolina Criminal Justice Academy or its designated representative.**

\_\_\_\_\_  
SIGNATURE OF EMPLOYING AGENCY REPRESENTATIVE

\_\_\_\_\_  
DATE

Sworn & Subscribed before me

This \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
NOTARY PUBLIC FOR SOUTH CAROLINA